

State of California - Health & Human Services Agency - Department of Social Services
IN-HOME SUPPORTIVE SERVICES
NOTICE OF ACTION-

Note: This notice relates **ONLY** to your Social Services.
It does **NOT** affect your receipt of SSI/SSP or Social Security.
KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.

IF REQUESTING A STATE HEARING, PLEASE SEND TO:

YOUR
IHSS
OFFICE

Case Number

Date Mailed

NOW

Your Countable Income: \$ _____
Minus SSI/SSP Benefit Level: \$ _____
Your Share of Cost: \$ _____
Minus Assessed IHSS Cost: \$ _____
Income in Excess of Assessed Cost: \$ _____

SERVICES

	HOURS NOW	PREVIOUS HOURS	(+) INCREASE OR (-) DECREASE
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DOMESTIC SERVICES per month:

Clean floors, wash kitchen counters, stoves, refrigerators, bathroom;
store food, supplies; take out garbage; dust, pick up; bring in fuel;
change; make bed and miscellaneous.

HEAVY CLEANING (one month only):

RELATED SERVICES per week:

* Prepare Meals:

** Meal Cleanup:

Routine Laundry:

Shopping for Food:

Other Shopping Errands:

NON-MEDICAL PERSONAL SERVICES per week:

* Respiration Assistance:

* Bowel, Bladder Care:

* Feeding:

* Routine Bed Baths:

* Dressing:

* Menstrual Care:

* Ambulation:

* Move In/Out of Bed:

* Bathe, Oral Hygiene/Grooming:

* Rub Skin, Repositioning, Help
On/Off Seats, In/Out of Vehicle:

* Care/Assistance with Prosthesis:

WAS

Your Countable Income: \$ _____
Minus SSI/SSP Benefit Level: \$ _____
Your Share of Cost: \$ _____
Minus Assessed IHSS Cost: \$ _____
Income in Excess of Assessed Cost: \$ _____

SERVICES

	HOURS NOW	PREVIOUS HOURS	(+) INCREASE OR (-) DECREASE
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ACCOMPANIMENT SERVICES per week:

Medical Appointment:

To Alternative Resources:

YARD HAZARD ABATEMENT:

Remove Grass, or Weeds,
Rubbish (one month only):

Remove Ice, Snow, per week:

PROTECTIVE SUPERVISION per week:

TEACHING/DEMONSTRATION per
week: (no more than three months duration)

* PARAMEDICAL SERVICE per week:

TOTAL WEEKLY HOURS X 4.33:

ADD DOMESTIC SERVICE HOURS:

ADD HEAVY CLEANING:

ADD REMOVE GRASS, ETC.:

TOTAL MONTHLY HOURS
(rounded to the nearest tenth)

NOW

WAS

Restaurant Meal Allowance: \$ _____

☐ "Since you meet the criteria for 20 hours or more in starred (*) services you can get an advance payment to pay your own provider. If you want to get advance payment, contact your service worker. The double starred (**) service is included in the 20 hours only when assistance with feeding, preparation of meals and meal cleanup are all required."

The above action(s) is supported by Federal Law (Social Security Act), State Law (Welfare and Institutions Code), Federal Regulations (Code of Federal Regulations), State Regulations (California Administrative Code and State Department of Social Services Manual of Policies and Procedures):

You must report immediately any changes that might affect your eligibility or need for In-Home Supportive Services such as change in income, property, living arrangement, medical condition or ability to work. If you have any questions or think additional facts should be considered contact:

District Office:

Service Worker:

SW#:

Telephone:

YOU HAVE THE RIGHT TO FILE A WRITTEN OR ORAL REQUEST FOR A STATE HEARING. PLEASE SEND YOUR WRITTEN REQUEST TO THE COUNTY ADDRESS ON THE TOP RIGHT HAND CORNER OF THIS FORM.